



APHIS

CIVIL RIGHTS INFORMATION ACADEMY

ENROLLMENT FORM

Authorizing Official's Name/Title _____

(Please Print)

Program Area/Unit/Location _____

Modules Requested _____, _____, _____, _____, _____, _____, _____,

Module #1 – Civil Rights Regulations (Required)

Module #2 – Informal Complaint Process

Module #3 – Formal Complaint Process

Module #4 – Title VI Program Delivery

Module #5 – EEO Program Plan (MD-715)

Module #6 – Civil Rights Compliance Review

Module #7 – Special Employment Initiatives

Dates Available _____

(Please give a minimum of 3 desired dates. Please note that dates are not guaranteed)

Number of participants in the group _____

All Managers/Supervisors Yes _____ No _____

Employees Only Yes _____ No _____

Managers/Supervisors and Employees Yes _____ No _____

Contact Person: _____ Telephone Number: (____) _____

Authorizing Official's Signature _____

(Program Director, Branch Chief, State Plant Health Director, etc.)

**** Persons requiring special accommodation should contact the Civil Rights staff on (301) 734-6336**

Please fax this form to CREC: ATTENTION --Ardahlia G. Short, Fax: (301)734-3698

For more information, please contact CRIA Team members:

Myra Young, ADR Center Manager (301) 734-9395

Ardahlia G. Short, EEO Specialist (301) 734-8153